

THIRD PARTY PAYMENT DECLARATION FORM (IN CASE OF PAYMENT BY EMPLOYER ON BEHALF OF EMPLOYEE)



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1.

DECLARATION IN CASE OF EMPLOYER (Should be enclosed with each payment/ SIP Enrolment) [Please shade (●)] All details below are mandatory	
Payments to: Employee (Under Systematic Investment Plan or Lumpsum/ one time subscription through pay roll deduction)	
Name of the Employer	
Address of Employer	
City	State
	Pin Code
PAN of the Employer	KYC Proof <input type="radio"/> Attached (Mandatory for any amount)
Application and Payment Details	
Folio No. <input type="text"/>	Application Form No. <input type="text"/>
Beneficiary Name (First/ Sole Applicant) _____	
Investment Amount in ₹ (Figures) <input type="text"/>	<input type="radio"/> Lumpsum <input type="radio"/> SIP with Post Dated Cheques (PDC) <input type="radio"/> SIP Auto Debit
Cheque/ UTR No. (Lumpsum) _____	Dated <input type="text"/>
Cheque Nos. (For SIP via PDCs) From _____ To _____	Dated From <input type="text"/> To <input type="text"/>
Pay-in Bank A/C Number <input type="text"/>	Cheque drawn on Bank _____
Branch _____	City _____
Account Type	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR <input type="radio"/> Others _____ (Please specify)
Mode of Payment	Mandatory Enclosure(s)*
<input type="radio"/> Cheque	In case the account number and account holder name of the third party is not pre-printed on the cheque then a copy of the bank passbook / statement of bank account or letter from the bank certifying that the third party maintains a bank account.
<input type="radio"/> RTGS <input type="radio"/> NEFT <input type="radio"/> Fund Transfer	Copy of the instruction to the Bank stating the Bank Account Number which has been debited.
* Union Mutual Fund (formerly Union KBC Mutual Fund)/ Union Asset Management Company Limited (formerly Union KBC Asset Management Company Private Limited) ("Union AMC") reserves the right to seek information and /or obtain such other additional documents/ information from the Third Party for establishing the identity of the Third Party.	

2.

DECLARATIONS & SIGNATURE/S [Please shade (●)]		
THIRD PARTY DECLARATION		
<p>I/ We confirm having read and understood the terms and conditions on Third Party Payments detailed in the Statement of Additional Information and hereby agree to be bound by the same. We confirm that the beneficial owner(s) of the investment as stated herein above is/ are my/ our employee/s and I/ we are providing the funds for these investments through the payroll deduction. I/ We declare that the information declared herein is true and correct, which Union Mutual Fund is entitled to verify directly or indirectly. I/ We agree to furnish such further information as Union Mutual Fund may require from me/ us. I/ We agree that, if any such declarations made by me/ us are found to be incorrect or incomplete, Union Mutual Fund/ Union Asset Management Company Private Limited is not bound to pay any interest or compensation of whatsoever nature on the said payment received from me/ us and shall have absolute discretion to reject / not process the Application Form received from the Beneficial Investor and refund the subscription monies.</p> <p>I/ We hereby declare that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India.</p> <p>Applicable to NRIs only : I/ We confirm that I/ We are Non-Resident of Indian Nationality/Origin and I/ We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/ our Non-Resident External / Ordinary Account /FCNR Account.</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Repatriation basis <input type="radio"/> Non-repatriation basis</p>		
Dated <input type="text"/>	<div style="border: 1px solid black; width: 100%; height: 40px; margin: 0 auto;"></div> <p style="text-align: center; margin: 0;">Signature of the Third Party</p>	
DECLARATION OF BENEFICIARY		
<p>I/We certify that the information declared herein by the Third Party is true and correct. I/We acknowledge that Union Mutual Fund reserves the right in its sole discretion to reject/ not process the Application Form and refund the payment received from the aforesaid Third Party and the declaration made by the Third Party will apply solely to the my/ our transaction as the beneficial investor detailed in the Application Form. Union Mutual Fund/ Union Asset Management Company Private Limited will not be liable for any damages or losses or any claims of whatsoever nature arising out of any delay or failure to process this transaction due to occurrences beyond the control of Union Mutual Fund/Union Asset Management Company Private Limited.</p>		
Dated <input type="text"/>		
<div style="border: 1px solid black; width: 100%; height: 60px; margin: 0 auto;"></div> <p style="text-align: center; margin: 0;">Signature Sole / First Applicant</p>	<div style="border: 1px solid black; width: 100%; height: 60px; margin: 0 auto;"></div> <p style="text-align: center; margin: 0;">Signature Second Applicant</p>	<div style="border: 1px solid black; width: 100%; height: 60px; margin: 0 auto;"></div> <p style="text-align: center; margin: 0;">Signature Third Applicant</p>